



Variety Camp 2026

Half Day

9am-12pm ☐ 1pm-4pm ☐

416 691-5211

www.castleparkdaycare.ca

1971 Queen St. E. Suite 102, Toronto, Ontario M4L 1H9

Camper's Name: _____ M _____ F _____

Birth date: _____ grade _____ School: _____

Address: _____
Street City Postal Code

Parent 1 Name: _____ Parent 2 Name: _____

Home # _____ Home # _____

E-mail: _____ E-mail: _____

Cell #: (____) _____ Cell #: (____) _____

Address: _____ Address: _____

Emergency Contact: _____ Relationship: _____

Contact Phone: _____ Cell Phone: _____

Allergies: _____

Health card #: _____

Physician Name: _____ Phone #: _____

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 10
June 29- July 3	July 6-10	July 13-17	July 20-24	July 27-31-	Aug. 4-7	Aug 10-14	Aug 17-21	Aug.31- Sept 4
\$130*	\$160	\$160	\$160	\$160	\$130*	\$160	\$160	\$160
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/>

*extended care is available for \$50/week until 6pm. Please indicate with a 2nd check mark.

Payment: \$50 non-refundable deposit required with registration and remaining balance due by July 1st. Pay by cash, cheque or e-transfer. Please make cheque payable to: Ella Dembeck. E-mail for e-transfer: edembeck22@gmail.com. Don't forget to mention your child's name in the e-transfer!

I have included: cash ☐ Cheque ☐ e-transfer ☐

Amount: \$ _____